

ARMY NATIONAL GUARD ENLISTMENT DATASHEET

COMPLETE ALL QUESTIONS IF APPLICABLE. ALL INFORMATION IS NEEDED FOR ENLISTMENT.

SSN# _____ - _____ - _____

FULL NAME: _____
LAST FIRST MIDDLE SUFFIX (II, JR)

ADDRESS: _____
STREET CITY ST COUNTY ZIP
Directions from a roural route _____

HOME PH#: _____ **WORK PH#:** _____ **DOB:** _____
yyyy/mm/dd

PLACE OF BIRTH _____
CITY STATE COUNTY

DRIVERS LICENSE#: _____ **EXP DATE:** _____ **STATE** _____
yy/mm/dd

MARITAL STATUS: _____ **# OF DEP:** _____ **# OF MINORS** _____
Adults + 18 Children - 18

Do you now or have you ever had any medical problems or conditions? **YES** **NO**

Explanation: _____

Do you now or have you ever had any law violations? **YES** **NO**

Explanation: _____

Are you a U.S. Citizen? **YES** **NO**

Do you have a dual Citizenship? **YES** **NO**

Religion _____ Foreign Languages _____

Race _____ Ethnic Category _____

ALIASES: (Administration)

Give other names you used and the time period you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s). If the other name is your maiden name, put "nee" in front of it.

1 NAME _____ FROM _____ TO _____
YYYY/MM YYYY/MM

2 NAME _____ FROM _____ TO _____
YYYY/MM YYYY/MM

3 NAME _____ FROM _____ TO _____
YYYY/MM YYYY/MM

PERSONAL: (Screening)

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are you married? | YES | NO |
| Have you ever been married? | YES | NO |
| Have you ever been divorced? | YES | NO |
| Are you legally separated? | YES | NO |
| Have you fathered / mothered any children? | YES | NO |
| Is anyone dependent on you for financial support? | YES | NO |
| Do you have custody of any minor children? | YES | NO |
| Are you now or have you ever been negligent in providing alimony or support for children? | YES | NO |
| Have you served in any branch of the Armed Services to include the National Guard? | YES | NO |
| Do you have an immediate relative who: (1) is now a prisoner of war or is missing in action(MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services? | YES | NO |
| Are you the only living child in your immediate family? | YES | NO |
| Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States? | YES | NO |

TEST: (Screening)

Have you ever taken any of the following tests?

| | | | |
|--------------------------------------------------|------------------------------------------------------------------------|-----|----|
| EST - Enlistment Screening Test | DATE: _____ SCORE..... _____ | YES | NO |
| SAT - Scholastic Aptitude Test | DATE: _____ VERBAL.... _____ TOTAL..... _____ MATH..... _____ | YES | NO |
| ACT - American College Test | DATE: _____ SCORE..... _____ | YES | NO |
| ASVAB - Armed Forces Vocational Aptitude Battery | DATE: _____ SCORE..... _____ | YES | NO |

PHYSICAL: (Screening)

Height: _____ Weight: _____ Last menstrual period _____
 yyyy/mm/dd

Body Fat %: _____ Eye Color: _____ Hair color: _____

Have you ever had or have you now:

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1 Asthma, wheezing or inhaler use..... | YES | NO |
| 2 Dislocated joint, including knee, hip, shoulder, elbow, ankle, or other joint..... | YES | NO |
| 3 Epilepsy, fits, seizures, or convulsions..... | YES | NO |
| 4 Sleepwalking..... | YES | NO |
| 5 Recurrent neck or back pain..... | YES | NO |
| 6 Rheumatic Fever..... | YES | NO |
| 7 Foot Pain..... | YES | NO |
| 8 A swollen, painful, or dislocated joint (knee, shoulder, wrist, elbow, etc.)..... | YES | NO |
| 9 Double vision..... | YES | NO |
| 10 Periods of unconsciousness..... | YES | NO |
| 11 Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches..... | YES | NO |
| 12 Wear contact lenses..... | YES | NO |
| 13 Fainting spells or passing out..... | YES | NO |
| 14 Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc..... | YES | NO |
| 15 Back surgery..... | YES | NO |
| 16 Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason including counseling or treatment for school, adjustment, family, marriage or any other problem to include depression, or treatment for alcohol, drug or substance abuse... | YES | NO |
| 17a Skin disease: Eczema..... | YES | NO |
| 17b Skin disease: Psoriasis..... | YES | NO |
| 17c Skin disease: Atopic Dermatitis..... | YES | NO |
| 18 Irregular heartbeat, including abnormally rapid or slow heart rates..... | YES | NO |
| 19 Allergic to bee, wasp, or other insect stings..... | YES | NO |
| 20 Heart murmur, valve problem or mitral valve prolapse..... | YES | NO |
| 21 Allergic to wool..... | YES | NO |
| 22 Heart surgery..... | YES | NO |
| 23 Been rejected for military service (temporary or permanent) for medical or other reasons. | YES | NO |
| 24 Any other heart problems..... | YES | NO |
| 25 High blood pressure..... | YES | NO |
| 26 Discharged from military service for medical reasons..... | YES | NO |
| 27 Ulcer (stomach, duodenum, or other part of intestine)..... | YES | NO |
| 28 Received disability compensation for an injury or other medical condition..... | YES | NO |
| 29 Hepatitis (liver infection or inflammation)..... | YES | NO |
| 30 Intestinal obstruction, or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or Colitis..... | YES | NO |
| 31 Detached retina or surgery for a detached retina..... | YES | NO |
| 32 Surgery to remove a portion of the intestine (other than the appendix)..... | YES | NO |
| 33 Any other eye conditions, injury, or surgery..... | YES | NO |
| 34 Are you over 40?..... | YES | NO |
| 35 Gall bladder trouble or gall stones..... | YES | NO |
| 36 Jaundice..... | YES | NO |
| 37 Missing a kidney..... | YES | NO |
| 38 Allergy to common food..... | YES | NO |
| 39 (Females only) Abnormal PAP smear or gynecological problem..... | YES | NO |
| 40 (Males only) Missing a testicle, testicular implant, or undescended testicle..... | YES | NO |
| 41 Broken bone requiring surgery to repair..... | YES | NO |
| 42 Ruptures or bulging disk in your back or surgery for a ruptured or bulging disk..... | YES | NO |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 43 Thyroid condition or taking medication for your thyroid..... | YES | NO |
| 44 Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip, or other joint.. | YES | NO |
| 45 Drug or alcohol rehab..... | YES | NO |
| 46 Kidney, urinary tract or bladder problems, surgery, stones, or other urinary tract problems..... | YES | NO |
| 47 Sugar, protein, or blood in urine..... | YES | NO |
| 48 Surgery on a bone or joint (knee, elbow, etc.) including Arthroscopy with normal findings. | YES | NO |
| 49 Taking any medications..... | YES | NO |
| 50 Pain or swelling at the site of an old fracture..... | YES | NO |
| 51 Perforated ear drum or tubes in ear drums..... | YES | NO |
| 52 Anemia..... | YES | NO |
| 53 Ear surgery, to include amniotomectomy or repair of perforated ear drum, hearing loss or need/use of hearing aid..... | YES | NO |
| 54 Night blindness..... | YES | NO |
| 55 Arthritis..... | YES | NO |
| 56 Absence or disturbance of the sense of smell..... | YES | NO |
| 57 Absence or removal of the spleen, or rupture or tear of the spleen without removal..... | YES | NO |
| 58 Anorexia or other eating disorder..... | YES | NO |
| 59 Cracked bone or fractures..... | YES | NO |
| 60 Bursitis..... | YES | NO |
| 61 Braces..... | YES | NO |
| 62 Loss of finger, toe or part thereof..... | YES | NO |
| 63 Loss of the ability to fully flex (bend) or extend a finger, toe or other joint..... | YES | NO |
| 64 Shoulder, knee or elbow problem (out of place)..... | YES | NO |
| 65 Locking of the knee or other joint..... | YES | NO |
| 66 Giving way of the knee or other joint..... | YES | NO |
| 67 Cataracts or surgery for cataracts..... | YES | NO |
| 68 Eye surgery, including radial keratotomy, lens implant or other eye surgery to improve your vision..... | YES | NO |
| 69 Collapsed lung or other lung condition..... | YES | NO |
| 70 Bed wetting since age 12..... | YES | NO |
| 71 Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction..... | YES | NO |
| 72 Taken medication, drugs, or any substance to improve attention, behavior, or physical performance..... | YES | NO |
| 73 Do you smoke?..... | YES | NO |
| (If yes:) What type: Cigarettes___ Cigars___ Smokeless___ | | |
| How often: ___individual/day | | |
| Date last used _____ | | |
| 74 Evaluation, treatment, or hospitalization for substance use, abuse, addiction, or dependence..... | YES | NO |
| 75 Any illnesses, surgery, or hospitalization not listed above..... | YES | NO |

Explanation of "yes" answers: Describe problem. Give age at time of the problem, name of doctor and/or hospital where treated, and your current status regarding the problem. For tattoos list where they are on your body.

From _____ To _____ Doctor's Last Name _____ Age _____
 yyyy/mm/dd yyyy/mm/dd

Treatment Facility _____ Treatment _____

City _____ State _____ Zip Code _____

Describe the Problem: _____

MORAL / DRUG: (Screening)

| | | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1 | Have you ever been charged or convicted of any felony offense? (Include those under the uniform Code of Military Justice)..... | YES | NO |
| 2 | Have you ever been subject to a court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, ect.)..... | YES | NO |
| 3 | Have you ever been charged with or convicted of a firearms or explosive offense?..... | YES | NO |
| 4 | Do you have/had any court actions of any kind (Criminal, Traffic, Civil)?..... | YES | NO |
| 5 | Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?..... | YES | NO |
| 6 | Do you have any open tickets or parking violations?..... | YES | NO |
| 7 | Have you ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency regardless of disposition? (If yes, list all violations not previously listed. Include parking violations.)..... | YES | NO |
| 8 | Have you ever been on probation or on early release?..... | YES | NO |
| 9 | Have you been told by anyone (Judge, Lawyer, any Army personnel, Family, ect.) that you do not have to list a charge because the charge(s) were dropped, dismissed, not filed, expunged, stricken from the record or were juvenile related?..... | YES | NO |
| 10 | Have you ever possessed/used any controlled substance or illegal drugs except as prescribed by a licensed physicain?..... | YES | NO |
| Begin _____ End _____ Drug Type _____ Times Used _____ Reason _____ | | | |
| 11 | Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving or sale of any illegal drugs for your own intended profit or that of another?..... | YES | NO |
| Begin _____ End _____ Drug Type _____ Times Used _____ Reason _____ | | | |
| 12 | Have you EVER illegally used a constrolled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?..... | YES | NO |
| Begin _____ End _____ Drug Type _____ Times Used _____ Reason _____ | | | |
| 13 | Have you consulted with a mental health professional or have you consulted with another health care provider about a mental health related condition?..... | YES | NO |
| Begin date End Date Doctors Last Name Age Facility State Zip | | | |
| Explanation: _____ | | | |
| 14 | Has your use of alcoholic beverages resulted in any alcohol-related treatment or counseling? | YES | NO |
| Begin date End Date Doctors Last Name Age Facility State Zip | | | |
| Explanation: _____ | | | |

If you answer yes to any of the MORAL/DRUGS questions above, please fill out below:

| | | | | | | |
|----------|--------------------------------|------------------------|-------------------|--------|-------------|---------|
| 1 | Date_____ | Type: Circle one below | Action Taken_____ | | | |
| | Criminal / Civil / Traffic | | Fine Amount:_____ | | | |
| | Name of Parties Involved:_____ | | | | | |
| | Last Name | | First Name | | Middle Name | |
| | Law Enforcement: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| | Court: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| 2 | Date_____ | Type: Circle one below | Action Taken_____ | | | |
| | Criminal / Civil / Traffic | | Fine Amount:_____ | | | |
| | Name of Parties Involved:_____ | | | | | |
| | Last Name | | First Name | | Middle Name | |
| | Law Enforcement: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| | Court: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| 3 | Date_____ | Type: Circle one below | Action Taken_____ | | | |
| | Criminal / Civil / Traffic | | Fine Amount:_____ | | | |
| | Name of Parties Involved:_____ | | | | | |
| | Last Name | | First Name | | Middle Name | |
| | Law Enforcement: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| | Court: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| 4 | Date_____ | Type: Circle one below | Action Taken_____ | | | |
| | Criminal / Civil / Traffic | | Fine Amount:_____ | | | |
| | Name of Parties Involved:_____ | | | | | |
| | Last Name | | First Name | | Middle Name | |
| | Law Enforcement: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| | Court: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| 5 | Date_____ | Type: Circle one below | Action Taken_____ | | | |
| | Criminal / Civil / Traffic | | Fine Amount:_____ | | | |
| | Name of Parties Involved:_____ | | | | | |
| | Last Name | | First Name | | Middle Name | |
| | Law Enforcement: | _____ | | | | |
| | Name | City | State | County | Zip | Country |
| | Court: | _____ | | | | |
| | Name | City | State | County | Zip | Country |

RESIDENCES: (Personal)

Working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address. Also for addresses in the last five years, if the address is "General Delivery" a rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

1 FROM _____ TO: PRESENT PHONE # (____) _____
 YYYY/MM/DD
STREET _____ CITY _____ ST _____
COUNTY _____ ZIP CODE _____
PERSON WHO KNEW YOU _____
 LAST NAME FIRST NAME MIDDLE NAME PHONE #
STREET _____ CITY _____ ST _____ ZIP _____

2 FROM _____ TO _____ STREET _____
 YYYY/MM/DD YYYY/MM/DD
CITY _____ ST _____ COUNTY _____ ZIP _____
PERSON WHO KNEW YOU: _____
 LAST NAME FIRST NAME MIDDLE NAME PHONE #
STREET _____ CITY _____ ST _____ ZIP _____

3 FROM _____ TO _____ STREET _____
 YYYY/MM/DD YYYY/MM/DD
CITY _____ ST _____ COUNTY _____ ZIP _____
PERSON WHO KNEW YOU: _____
 LAST NAME FIRST NAME MIDDLE NAME PHONE #
STREET _____ CITY _____ ST _____ ZIP _____

4 FROM _____ TO _____ STREET _____
 YYYY/MM/DD YYYY/MM/DD
CITY _____ ST _____ COUNTY _____ ZIP _____
PERSON WHO KNEW YOU: _____
 LAST NAME FIRST NAME MIDDLE NAME PHONE #
STREET _____ CITY _____ ST _____ ZIP _____

5 FROM _____ TO _____ STREET _____
 YYYY/MM/DD YYYY/MM/DD
CITY _____ ST _____ COUNTY _____ ZIP _____
PERSON WHO KNEW YOU: _____
 LAST NAME FIRST NAME MIDDLE NAME PHONE #
STREET _____ CITY _____ ST _____ ZIP _____

EMPLOYMENT: (Personal)

CODE: Use one of the codes listed below to identify the type of employment:

- | | |
|---------------------------------------------|----------------------------------------------------------------|
| 1 Active Military Duty | 6 Self Employed (Include business name and or name of person). |
| 2 National Guard/Reserve | 7 Unemployment (Include name of person who can verify) |
| 3 U.S.P.H.S Commisioned | 8 Federal Contractor (List Contractor, not Federal Agency) |
| 4 Other Federal Employment | 9 Other |
| 5 State Government (Non-Federal employment) | |

List your Employment activities, beginning with the present and working back 7 years.

1 FROM _____ TO _____ CODE _____ EMPLOYER _____
YOUR POSITION _____ SUPERVISOR _____

FIRST LAST MIDDLE

STREET _____ CITY _____ ST _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR PH# _____

2 FROM _____ TO _____ CODE _____ EMPLOYER _____
YOUR POSITION _____ SUPERVISOR _____

FIRST LAST MIDDLE

STREET _____ CITY _____ ST _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR PH# _____

3 FROM _____ TO _____ CODE _____ EMPLOYER _____
YOUR POSITION _____ SUPERVISOR _____

FIRST LAST MIDDLE

STREET _____ CITY _____ ST _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR PH# _____

4 FROM _____ TO _____ CODE _____ EMPLOYER _____
YOUR POSITION _____ SUPERVISOR _____

FIRST LAST MIDDLE

STREET _____ CITY _____ ST _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR PH# _____

5 FROM _____ TO _____ CODE _____ EMPLOYER _____
YOUR POSITION _____ SUPERVISOR _____

FIRST LAST MIDDLE

STREET _____ CITY _____ ST _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR PH# _____

EDUCATION: (Personal)

ANSWER THESE QUESTIONS IF YOU ARE A HIGH SCHOOL GRADUATE:

| | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|-----------|
| DID YOU GRADUATE FROM A TRADITIONAL HS? | DATE:_____ | YES | NO |
| DO YOU HAVE ANY COLLEGE CREDITS? | HOW MANY HOURS?_____ | YES | NO |
| | Circle what type of credits: CLOCK / CLASSROOM / QUARTER HOURS/ SEMESTER HOURS | | |
| DO YOU HAVE A POST-SECONDARY CERTIFICATE OR DIPLOMA? | | YES | NO |
| HAVE YOU EVER BEEN ENROLLED IN ROTC, JUNIOR ROTC, SEA CADET PROGRAM OR CIVIL AIR PATROL? IF YES EXPLAIN BELOW: | | YES | NO |

ANSWER THESE QUESTIONS IF YOU ARE A HIGH SCHOOL SENIOR:

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Are you currently enrolled in a traditional HS? | YES | NO |
| Are you currently a senior in good standing? | YES | NO |
| Do you expect to graduate on time? Projected Graduation Date:_____ | YES | NO |
| HAVE YOU EVER BEEN ENROLLED IN ROTC, JUNIOR ROTC, SEA CADET PROGRAM OR CIVIL AIR PATROL? IF YES EXPLAIN BELOW: | YES | NO |

ANSWER THESE QUESTIONS IF YOU DO NOT FALL UNDER THE PREVIOUS 2 AREAS:

| | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|-----------|
| Atten(ed) a traditional school? | YES | NO | |
| Do you have a GED? Graduation Date:_____ | YES | NO | |
| Do you have a vocational certificate? | | | |
| DO YOU HAVE ANY COLLEGE CREDITS? | HOW MANY HOURS?_____ | YES | NO |
| | Circle what type of credits: CLOCK / CLASSROOM / QUARTER HOURS/ SEMESTER HOURS | | |
| HAVE YOU EVER BEEN ENROLLED IN ROTC, JUNIOR ROTC, SEA CADET PROGRAM OR CIVIL AIR PATROL? IF YES EXPLAIN BELOW: | | YES | NO |

EDUCATION: (Personal)

List the last 7 years of school you attended, If all your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

Codes: **1- HIGH SCHOOL** **2- COLLEGE** **3- VOCATIONAL/TECH/TRADE**

Highest Grade Completed (if GED Certificate Graduate): _____

1 FROM: _____ TO: _____ CODE _____ circle -- **DEGREE / DIPLOMA / GED**
 YYMM YYMM

Credit hours _____ Circle: **CLOCK / CLASSROOM / QUARTER HOURS / SEMESTER HOURS**

School Name _____

Street _____ City _____ ST _____ Zip _____

Person who knew you: _____
 Last Name First Name Middle Name Phone Number

Street _____ City _____ ST _____ Zip _____

2 FROM: _____ TO: _____ CODE _____ circle -- **DEGREE / DIPLOMA / GED**
 YYMM YYMM

Credit hours _____ Circle: **CLOCK / CLASSROOM / QUARTER HOURS / SEMESTER HOURS**

School Name _____

Street _____ City _____ ST _____ Zip _____

Person who knew you: _____
 Last Name First Name Middle Name Phone Number

Street _____ City _____ ST _____ Zip _____

3 FROM: _____ TO: _____ CODE _____ circle -- **DEGREE / DIPLOMA / GED**
 YYMM YYMM

Credit hours _____ Circle: **CLOCK / CLASSROOM / QUARTER HOURS / SEMESTER HOURS**

School Name _____

Street _____ City _____ ST _____ Zip _____

Person who knew you: _____
 Last Name First Name Middle Name Phone Number

Street _____ City _____ ST _____ Zip _____

4 FROM: _____ TO: _____ CODE _____ circle -- **DEGREE / DIPLOMA / GED**
 YYMM YYMM

Credit hours _____ Circle: **CLOCK / CLASSROOM / QUARTER HOURS / SEMESTER HOURS**

School Name _____

Street _____ City _____ ST _____ Zip _____

Person who knew you: _____
 Last Name First Name Middle Name Phone Number

Street _____ City _____ ST _____ Zip _____

REFERENCES: (Personal)

List 3 people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, ect., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1 FROM _____ TO PRESENT NAME _____
 YYYY/MM/DD LAST NAME FIRST NAME MIDDLE NAME
STREET _____ CITY _____ ST _____ ZIP _____
PHONE # _____ WORK # _____

2 FROM _____ TO PRESENT NAME _____
 YYYY/MM/DD LAST NAME FIRST NAME MIDDLE NAME
STREET _____ CITY _____ ST _____ ZIP _____
PHONE # _____ WORK # _____

3 FROM _____ TO PRESENT NAME _____
 YYYY/MM/DD LAST NAME FIRST NAME MIDDLE NAME
STREET _____ CITY _____ ST _____ ZIP _____
PHONE # _____ WORK # _____

INVESTIGATION RECORD: (Background)

HAS THE UNITED STATES GOVERNMENT EVER INVESTIGATED YOUR **YES** **NO**
BACKGROUND AND/OR GRANTED YOU A SECURITY CLEARANCE?

IF YES: DATE _____ circle one-> **TOP SECRET** **SECRET**

TO YOUR KNOWLEDGE, HAVE YOU EVER HAD A CLEARANCE OR
ACCESS AUTHORIZATION DENIED, SUSPENDED, OR REVOKED, OR **YES** **NO**
HAVE YOU EVER BEEN DEBARRED FROM GOVERNMENT EMPLOYMENT?

SELECTIVE SERVICE RECORD

ARE YOU A MALE BORN AFTER DECEMBER 31, 1959? **YES** **NO**

IF YES, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE SYSTEM? **YES** **NO**

REGISTRATION # _____ (if known) LEGAL EXCEPTION _____

BACKGROUND RECORD: (Background)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Are you now or have you ever been a deserter from any branch of the Armed forces of the United States? | YES | NO |
| Have you ever been employed by the United States Government? | YES | NO |
| Are you now drawing, or do you have an application pending, or approval for: retired pay, disability, allowance, severance pay, or pension from any agency of the government of the United States? | YES | NO |
| Are you now or have you ever been a conscientious objector? (That is do you have , or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training? | YES | NO |
| Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector? | YES | NO |
| Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary(I.e., do you have any personal restrictions or religious practices which would restrict your availability? | YES | NO |
| Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organizations engages in such activities with the specific intent to further such activities. | YES | NO |
| Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force? | YES | NO |
| Have you ever applied and not been selected for ROTC? | YES | NO |
| Have you ever applied and not been selected for OCS? | YES | NO |
| Have you ever applied and not been selected for appointment in the Reserve component (USAR/ARNG) as a warrant officer? | YES | NO |
| Have you ever applied and not been selected for appointment in the Reserve component (USAR/ARNG) as a commissioned officer? | YES | NO |
| Have you ever applied and not been selected for appointment in Regular Army as a warrant officer? | YES | NO |
| Have you ever applied and not been selected for appointment in Regular Army as a commissioned officer? | YES | NO |
| Have you ever been resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed, or placed on inactive status while serving in the US Armed Forces; or, have you ever resigned or been asked to resign from a position while in government or private employment? | YES | NO |

Yes answers, Explain_____

Yes answers, Explain_____

FINANCIAL RECORD: (Background)

Have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? **YES** **NO**

Have you had your wages garnished or had any property repossessed for any reason? **YES** **NO**

Have you had a lien placed against your property for failing to pay taxes or other debts? **YES** **NO**

Have you had any judgements against you that have not been paid? **YES** **NO**

Is there any court order or judgement in effect that directs you to provide alimony and/or child support? **YES** **NO**

Have you been over 180 days delinquent on any debt(s)? **YES** **NO**

Are you currently over 90 days delinquent on any debt(s)? **YES** **NO**

If you answered yes to the questions above, please provide the information requested below.

INCURRED DATE: _____ SATISFIED _____ AMOUNT _____
 YYYY/MM/DD YYYY/MM/DD

TYPE OF ACTION/LOAN _____ NAME _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

FOREIGN ACTIVITIES: (Background)

Do you have foreign property, buisness connections, or financial interests? **YES** **NO**

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? **YES** **NO**

Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or it's representatives, whether inside or outside the U.S., other than official U.S. Government buisness? (Does not include routine visa applications and border crossing contacts.) **YES** **NO**

In the past 7 years, have you had an active passport that was issued by a foreign government? **YES** **NO**

List foreign countries have visited, except on travel under official Government orders, beginning with the most current and working back 7 years. (Travel as a dependant or contractor must be listed.)

Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the country, and a note ("many short trips"). Do not repeat travel that is listed as residence, employment, or education.

FROM _____ TO _____ PURPOSE _____ COUNTRY _____
 YYYY/MM/DD YYYY/MM/DD

FROM _____ TO _____ PURPOSE _____ COUNTRY _____
 YYYY/MM/DD YYYY/MM/DD

FROM _____ TO _____ PURPOSE _____ COUNTRY _____
 YYYY/MM/DD YYYY/MM/DD

FAMILY AND ASSOCIATES: (Family)

Give the full name, correct code, and other required information for each of your relatives and associates, living or dead, specified below.

- | | | | |
|---------------------------|--------------------------------|--------------------------|-----------------------------------|
| 1- MOTHER (FIRST) | 6- CHILD (ADOPTED ALSO) | 11- STEPSISTER | 16- GUARDIAN LIVING W/ YOU |
| 2- FATHER (SECOND) | 7- STEPCHILD | 12- HALF-BROTHER | 17- OTHER RELATIVES |
| 3- STEPMOTHER | 8- BROTHER | 13- HALF-SISTER | 18- ASSOCIATE |
| 4- STEPFATHER | 9- SISTER | 14- FATHER-IN-LAW | 19- ADULT CURRENTLY - |
| 5- FOSTER PARENT | 10- STEPBROTHER | 15- MOTHER-IN-LAW | LIVING WITH YOU |

YOUR MOTHER'S MAIDEN NAME_____

[illegible]

SPOUSE: (Family)

b. CURRENT SPOUSE

Complete the following about your current spouse only.

LAST NAME _____ FIRST NAME _____ MIDDLE _____

SSN: _____ CITIZENSHIP _____ DOB _____
YYYY/MM/DD

PLACE OF BIRTH: CITY _____ STATE _____

ADDRESS IF DIFFERENT FROM YOURS: Street _____

City _____ State _____ County _____ Zip _____

PH# _____ IS YOUR SPOUSE NOW OR EVER BEEN IN THE MILITARY? **YES** **NO**

DATE MARRIED: _____ PLACE MARRIED: CITY _____ STATE _____

COUNTY _____

SPOUSE ALIASES: (Family)

CIRCLE ONE: **MAIDEN NAME** OR **MARRIED**

LAST NAME _____ FIRST _____ MIDDLE _____

FROM _____ TO _____
YYYY/MM/DD YYYY/MM/DD

CIRCLE ONE: **MAIDEN NAME** OR **MARRIED**

LAST NAME _____ FIRST _____ MIDDLE _____

FROM _____ TO _____
YYYY/MM/DD YYYY/MM/DD

b. FORMER SPOUSE

LAST NAME _____ FIRST _____ MIDDLE _____

DOB _____ PLACE OF BIRTH _____ ST _____

COUNTRY(IES) OF CITIZENSHIP _____ DATE MARRIED _____

PLACE MARRIED (INSIDE OR OUTSIDE OF THE u.s.) _____ ST _____

DIVORCED / WIDOWED (CIRCLE ONE) YYYY/MM/DD _____

IF DIVORCED, WHERE IS THE RECORD LOCATED? CITY (COUNTRY) _____ ST _____

ADDRESS OF FORMER SPOUSE: STREET _____

CITY: _____ STATE _____ ZIP _____

COUNTY: _____ TELEPHONE # _____

BENEFICIARY: (Family)

Circle one: **SPOUSE** **MOTHER** **FATHER** **CHILDREN** (If not listed, then fill out below)

Amount of life insurance (circle amount desired)

\$50,000.00 **\$100,000.00** **\$150,000.00** **\$200,000.00** **\$250,000.00** **\$400,000.00**

(cost .80 cents per month per 10,000)

EXAMPLE:

| COVERAGE AMOUNT - LIFE INSURANCE | MONTHLY PREMIUM RATE |
|----------------------------------|----------------------|
| \$50,000.00 | \$3.25 PER MONTH |
| \$100,000.00 | \$6.50 PER MONTH |
| \$150,000.00 | \$9.75 PER MONTH |
| \$200,000.00 | \$13.00 PER MONTH |
| \$250,000.00 | \$16.25 PER MONTH |
| \$300,000.00 | \$19.50 PER MONTH |
| \$350,000.00 | \$22.75 PER MONTH |
| \$400,000.00 | \$26.00 PER MONTH |

NAME _____ MIDDLE _____

SSN _____

ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO INSURED _____

MILITARY ASSIGNMENT HISTORY: (Military Information)

Are you now or have you ever served in the Coast Guard or Merchant Marines?

YES

NO

If yes- discharge type_____

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.

1 From _____ To _____ Branch of Service _____ SSN# _____
 yyyy/mm/dd yyyy/mm/dd

MOS _____ Highest Grade Held _____

RE Code (if known)_____ Separation Code (if known)_____

Last unit of assignment: _____

City *State* *Zip*

2 From _____ To _____ Branch of Service _____ SSN# _____
yyyy/mm/dd yyyy/mm/dd

MOS _____ Highest Grade Held _____

RE Code (if known) _____ Separation Code (if known) _____

Last unit of assignment: _____

City State Zip

3 From _____ To _____ Branch of Service _____ SSN# _____
 yyyy/mm/dd yyyy/mm/dd

MOS _____ Highest Grade Held _____

RE Code (if known)_____ Separation Code (if known)_____

Last unit of assignment: _____

| | <i>City</i> | <i>State</i> | <i>Zip</i> |
|--|-------------|--------------|------------|
| | | | |

4 From _____ To _____ Branch of Service _____ SSN# _____
yyyy/mm/dd yyyy/mm/dd

MOS _____ Highest Grade Held _____

RE Code (if known)_____ Separation Code (if known)_____

Last unit of assignment: _____

| | <i>City</i> | <i>State</i> | <i>Zip</i> |
|--|-------------|--------------|------------|
| | | | |

DOCUMENTS NEEDED FOR ENLISTMENT (COPIES WILL BE SUFFICIENT)

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | DRIVERS LICENSE |
| <input type="checkbox"/> | SSN CARD |
| <input type="checkbox"/> | BIRTH CERTIFICATE |
| <input type="checkbox"/> | BIRTH CERTIFICATE OF CHILDREN |
| <input type="checkbox"/> | MARRIAGE CERTIFICATE |
| <input type="checkbox"/> | DIVORCE DECREE |
| <input type="checkbox"/> | CHILD SUPPORT DOCUMENT |
| <input type="checkbox"/> | HIGH SCHOOL LETTER |
| <input type="checkbox"/> | HS DIPLOMA |
| <input type="checkbox"/> | GED CERTIFICATE |
| <input type="checkbox"/> | COLLEGE TRANSCRIPTS OR DIPLOMA |
| <input type="checkbox"/> | JROTC CERTIFICATE |
| <input type="checkbox"/> | DD FORM 22 |
| <input type="checkbox"/> | LAST PHYSICAL FOR PRIOR SERVICE |